RECEIVED CENTRAL FAX CENTER

Approved for use through 11/30/2005, OMB 0851-0955
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Peperwark Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| Application Number | 10/808-283

POWER OF ATTORNEY	Filing Date		23/2004		
and			NG, Chang-An		
CORRESPONDENCE ADDRESS	Title	10.0		ht-guiding structure for	
INDICATION FORM			2871		
INDICATION FORM	Examiner Name				
	Attorney Docke	Number FP1	0013		
I hereby revoke all previous powers of attorney gi	ven in the above	-identified applic	ation.		
I hereby appoint:					
- Ticroby appoint.	000052981				
Practitioners associated with the Customer Number:					
OR					
<u> </u>					
Practitioner(s) named below:					
Name	Registration Number				
			<u>-</u>	·	
			.		
as my/our attorney(s) or agent(s) to prosecute the application	identified shave an	d to transact all busin	ess in the L	Inited States Patent and	
Trademark Office connected therewith.	Conduct above, Bit	o to u and dot an auto-			
Please recognize or change the correspondence address for t	the above identified	annilication to:			
		apphoddor to:			
The address associated with the above-mentioned Customer Number:					
The address associated with Customer Number:	1				
OR Firm or					
Individual Name					
Address					
City	St	ate		Zip	
Country	TO EX				
Telephone	Fa	<u> </u>			
lam the:				•	
Applicant/Inventor.				•	
Assignee of record of the entire interest. See 37 CFF Statement under 37 CFR 3.73(b) is enclosed. (Form					
	Applicant or Assi	nge of Record			
	Applicant of Wast	and of Necold	I put-	August 26, 2005	
Signature Yang Chang	- An		Date	August 20, 2005	
Name YANG, Othang-An			Telephone		
Title and Company			-1.0-1.0	Wala farma Mary 11	
NOTE: Signatures of all the inventors or assignces of record of the entaignature is required, see below."	tire interest or their rep	resentative(a) are requi	red. Submit m	ultiple forms it more than one	
*Total of forms are submitted.					
The effective of intermedian is required by 27 CER 1.31.1.32 and 3.33. The information is required to obtain or retain a beginning by the outlier which is to file (and by					
the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. In solution is estimated to take 5 minutes to take 5 minutes.					
comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Child Information miles. LISTRIBERT and TRABERT OF THE U.S. Department of Commence. P.O. Box 1450. Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED.					
FORMS TO THIS ADDRESS. SEND TO: Commissioner for Pat	tents, P.O. Box 145	0, Alexandria, VA 2	2313-1450.		

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.